

MDE Program Evaluation Tool

Training the Trainer



Trainer's Name:	District/ISD:
Trainer's Address:	Trainer's Phone Number:
Trainer's Email:	Trainer's Role in District/ISD:

Level of Training <i>(Basic or expanded)</i>	Length of Training <i>(Number of hours, Number of days)</i>	Audience Description & Number <i>(School Improvement, State/Federal Programs, School Administrators)</i>
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Recommendations for other trainers when conducting future training on the MDE Program Evaluation Tool.

Note: Please email this form to Shereen Tabrizi, Tabrizis@michigan.gov and mail the workshop evaluation forms from the training session to Shereen Tabrizi, MDE, 608 W. Allegan St., Lansing, MI 48933.